



Virtual Gateway Provider Newsletter

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Common Intake 3.1 is now LIVE...

Release 3.1 contains a number of screen changes in the Health Insurance and Health Assistance Programs portion of Common Intake. These are primarily related to the recent introduction of the new **Commonwealth Care Health Insurance Program**.

The changes are intended to make it easier to accurately assess applicants' current health insurance information so that they receive the most appropriate coverage for which they are eligible – [MassHealth](#), [Commonwealth Care](#) or the Uncompensated Care Pool.

If you have a MassHealth-related question please call 1-800-841-2900, TTY: 1-800-497-4648.

If you have questions about Commonwealth Care, please visit www.mass.gov/connector, the web home of the new Commonwealth Health Insurance Connector Authority, which administers Commonwealth Care. The site contains a wealth of useful, provider-related materials!

Commonwealth Care-Related Screen Changes:

"Commonwealth Care" has been inserted both on the **Welcome to the Online Application for Services** page under "Health Insurance and Health Assistance Programs", as well as throughout the Virtual Gateway where applicable.

Welcome to the Online Application for Services

You have chosen to apply online for one or more of the services offered through this website. Click on the appropriate link for information about a specific type of service.

Please select the services for which the household is applying and click on the 'Save and Continue' button:

- ☐ [State-Aided Public Housing](#)
- ☐ [Child Care](#)
- ☒ [Health Insurance and Health Assistance Programs \(includes MassHealth, Healthy Start, Children's Medical Security Plan \(CMSP\) and MassHealth for Seniors and People Needing Long-Term-Care Services at Home, or Commonwealth Care and the Uncompensated Care Pool \(UCP\)\)](#)
- ☐ [Food Stamps Benefits](#)
- ☐ [Women's Health Network \(WHN\)](#)
- ☐ [Women, Infant, and Children \(WIC\) Services](#)

**MassHealth
Policy
Questions?**
Please call
MassHealth
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1-800-841-2900
TTY:
1-800-497-4648

**Commonwealth
Care
Questions?**
Please visit:
www.mass.gov/connector

**Virtual
Gateway
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Please call
Virtual Gateway
Help Desk at:
1-800-421-0938
TTY:
617-988-3301

An "Insurance Coverage" question has been added to the **Medical Insurance Information** page.

It is **very important that this question be answered as accurately as possible** to ensure an eligibility determination that is most appropriate for the applicant, particularly in light of the new Commonwealth Care eligibility rules.

"Insurance Coverage" choices:

- Doctor visits/
Hospitalization
- Catastrophic only
- Vision only
- Dental only
- Pharmacy only

Medical Insurance Information

Insurance company name: AARP

Policyholder: name name

Who in the household is covered by this insurance policy? ☒ name name

Employer/union or other source name providing insurance policy:

Policy Number: Group Number:

Policy Start Date: mm / dd / yyyy

Policy type: Couple (Two adults)

Contribution period: Weekly

Policyholder Contribution to Premium Costs: \$ 23.00

Insurance Coverage: Catastrophic only

Note: For the question below, subsidize means to means to pay for some portion of the

"Insurance Type" has also been added as a question to the **Medical Insurance Information** page. A definition of "subsidized" is provided above the question.

Again, it is **very important to answer this question as well as the one above it**, if at all possible, to ensure an accurate eligibility determination.

"Insurance Type" choices:

- Employer or Union Subsidized
- Federal/State Subsidized
- Non-Subsidized

Insurance Coverage: Catastrophic only

Note: For the question below, subsidize means to means to pay for some portion of the cost to reduce overall price

Insurance Type: Federal/State Subsidized

The **Other Medical Insurance** page has been changed to capture more specific medical insurance information, per Commonwealth Care eligibility rules.

NOTE: This page is now ALWAYS scheduled and is not dependent on answers to the **Medical Insurance Information** page.

- Added "Other than insurance previously entered"
- Question changed to "Who had the job that offered health insurance?"
- Added "Is this a current employer?"

Other Medical Insurance Information

Other than insurance previously entered, have you or any family member worked for an employer who offered health insurance in the last 6 months that would cover you for doctor's visits and hospitalizations? (If so, answer yes to this question even if you chose not to sign up for the insurance that was offered).*

Who had the job that offered health insurance?

Employer Information:

Is this a current employer? Yes

Employer Name:

Employer Telephone Number:

Employer Address:

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On the **Signature** page, language has been added to comply with a new Health Care Reform-related requirement commonly known as the "Free Rider Surcharge." More details will be provided shortly about this provision and how it will operate.

<p>I give permission for my current and former employers and health insurers to release to MassHealth and to the Commonwealth Health Insurance Connector any and all information they have about my health-insurance coverage and health-insurance coverage for my spouse. This includes, but is not limited to information about policies premiums, coinsurance, deductibles, and covered benefits that are, may be, or should have been available to me or my spouse.</p>
<p>I understand that my employer may be notified and billed for services if I or my spouse receive services from hospitals or community health centers paid for by the Uncompensated Care Pool in accordance with 114.6 CMR 12.00.</p>
<p>I give permission to MassHealth, the Commonwealth Health Insurance Connector and the Department of Health Care Finance and Policy to get any records or data to prove any information given on this application any supplements to it, or other information I give to MassHealth, the Commonwealth Health Insurance Connector, or the Department of Health Care, Finance and Policy</p>

Non-Commonwealth Care-Related MassHealth Screen Changes:

On the **Other Income Information** page, "Child Support" is now its own distinct "Category" of Other Income. It has been removed from the "Type" of the "Other" Category.

Other Income Information	
Does anyone in the household have other income?*	Yes <input type="button" value="v"/>
Who has other income?*	<input type="button" value="v"/>
Other Income Category:*	Child Support <input type="button" value="v"/>
Other Income Type:*	Child Support <input type="button" value="v"/>
Payment Period:*	<input type="button" value="v"/>
Amount of other income:*	\$ <input type="text"/>

On the **Medical Insurance Information** page, whenever either "Policyholder Contribution to Premium Costs" or "Contribution Period" is answered, the other **MUST** now also be answered.

Virtual Gateway Mass.gov

M0016: Error: You have indicated 'Weekly' for 'Contribution Period.' please enter 'Policyholder Contribution to Premium Costs.'

User: Khet Richards
Location: BMC
[Suspend Application](#)
[Cancel Application](#)

☒ [Income Application](#)
☒ [Personal Information](#)
☒ [Income Information](#)
☒ [Expense Information](#)
☒ [Asset Information](#)
☒ [Insurance Information](#)
☐ [Additional Information](#)
☐ [Submit Application](#)

Medical Insurance Information

Insurance company name: AARP

Policyholder: name name

Who in the household is covered by this insurance policy? ☒ name name

Employment/union or other source name providing this insurance policy:

Policy Number: Group Number:

Policy Start Date: mm / dd / yyyy

Policy Type: Couple (Two adults)

Contribution Period: Weekly Policyholder Contribution to Premium Costs: \$

Insurance Coverage: Catastrophic only

Note: For the question below, subsidy means to means to pay for some portion of the cost to reduce overall price

Insurance Type: Federal/State Subsidized

[Cancel and Go Back](#) [Save and Continue](#)

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On the **Closed Asset Information** page, questions concerning trustees, grantor/donors, and/or beneficiaries of a trust have been added. This section already appears on the **Asset Information** page.

Closed/Sold Asset Information

Has anyone in the household or a joint owner completely closed, sold, traded, or given away any assets in the last 3 months?

Who has closed/sold assets?

Asset Category (Liquid, Holding, Insurance, etc.)

Asset Type

Was this asset jointly owned?

Prior to completely closing the asset, was any portion of this asset sold, traded, or given away within the past 3 months?

Asset value on the date the asset was closed/sold: \$

Date the asset was closed/sold: mm / dd / yyyy

Account/Policy Number:

Name of Trust:

Beneficiaries?

Please indicate which individual(s) are trustees, grantors/donors, and/or beneficiaries of the trust. The owner of the trust must be indicated as one of the above.
Note: 'Other' represents any individual(s) outside the household.

Member	Trustee	Grantor/Donor	Beneficiary
person one	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
person two	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The **Personal Care-Attendant Services** page will now appear when a household contains community elders age 65 and over who are all **non-citizens**.

Personal-Care-Attendant Services

To get more information about personal-care-attendant (PCA) services, and how filling out this PCA section could affect the way we decide if you can get MassHealth if you do need PCA services, read Part III of the MassHealth and You guide that was given to you.

Does anyone in the household age 65 or older need the services of a personal-care-attendant?

Who needs the services of a personal-care-attendant?

Has this person had the services of a personal-care-attendant paid for by MassHealth within the last six months?

Tips & Reminders:

Updated MassHealth Fax/Mail Cover Sheet Now Available:

There has been an important update made to the Virtual Gateway MassHealth Fax and Mail cover sheet. Click on this [link](#) to download the latest version.

Proper Use of the Medical Benefit Request Paper MassHealth Application:

Remember that if you plan to use the Virtual Gateway to submit a MassHealth application, you **CANNOT** use the paper Medical Benefit Request (MBR) form to collect information from applicants and then enter it into the VG.

If you wish to use the Virtual Gateway, and you need applicants to write down their information so you can enter it into the VG, you **MUST** use the Virtual Gateway MassHealth "Bedside Tool" for this purpose, mailing to MassHealth **ONLY** the signature pages of the Bedside Tool.

You **CANNOT** use the MBR for this purpose. Thank you for your assistance!